- Agreed to standardize some of the components which will necessitate change of technology. In this case SGAA will need its technicians to be trained in ICRC.
- Share information for procurement and supply of raw material.
- Having orthopedic supervisors in the workshop will help improve quality of services.
- Each workshop should be responsible for its management supervision and quality control.
- Two mechanisms for standardization of components:
  a: Purchase mold from ICRC/ Geneva and have local production.
  b: ICRC/Afghanistan supply components under two conditions:
    - Own capacity.
    - Acceptable quality of services by the workshop being supplied.

Problems in quality:

- Good attitude toward disabled persons must be one of the top competencies required for Ortho/ technicians.
- Every agency should improve its technical insufficiencies.
- ICRC, Guardians and SGAA would consider helping others by training their staff.

Future Action:

1. Responsibilities for the preparation of teaching materials, according to the curriculum were shared as follows:

- Teaching materials in prostheses	***ICRC***
- Teaching materials in lower limb orthoses	***SGAA***
- Teaching materials in trunk orthoses	***HI***
- Teaching materials in Upper limb orthoses	***CDAP***

2. A meeting might be held some time at the end of this year to review the overall situation and possibly to study capacity building for teacher training.

Group Discussion

Physiotherapy Group

Agenda:

1. Physiotherapy teacher training curriculum.
2. Refining Competencies of PT personnel (professional)
3. Recruitment of students:
    - Disability aspect
    - Employment aspect
4. Statistics: Mechanism
5. Geographical distribution of services

Major Decisions and Consensus

1. Physiotherapy teacher training curriculum.

The IAM curriculum was studied, jointly by Ortho and Physio groups and was approved with some miner changes and amendments. It was decided that the curriculum to be presented to the authorities for its formal recognition by the four member committee appointed by the workshop.

2. Competencies:

Entry qualifications for the three levels of PT personnel

(*From the first phase of Second National Disability Workshop*)

- **PT Teacher**
  14^{th} grade graduate, at least two years of work experience after PT graduation

- **PT**
  12^{th} grade graduation

- **PTA**
  Preferably 12^{th} grade graduate (in view of later becoming PTs), possible 9^{th} grade graduate, and exceptionally below that (taking in view the rural areas and less access to schooling at the present time especially for women).

The age of the trainees was suggested to be 18 –35 (possibly 16 to 35)

BASIC COMPETENCIES REQUIRED

PT teachers

1. Pre-Entry Qualification

- Is minimally a 14th grade graduate
- Is academically an excellent graduate from the two-year course
- Minimum experience prior to enrollment two years in the field of orthopedics, pediatrics, neurology, is required.
- Has demonstrated adequate grasp of professional skills
- Has broad experience in PT
- The candidate to have good health *(but this does not exclude disabled people)*
- The candidate to be fairly young(*but over 23)*

Pre-entry Personal Qualification:

1. Is actively interested in PT and teaching PT
2. Has demonstrated receptiveness to learn
3. Is willing and committed to work with people from different ethnic backgrounds
4. Is able and willing to work with people of opposite sex
5. Has demonstrated dedication to his/her country
6. Ability to work with different authorities
7. Ability to understand and teach in different cultural contexts.

Professional Qualifications on Graduation:

1. Demonstrates ability in inspiring students to learn
2. Demonstrates strong motivation in sharing their knowledge
3. Good communicator
4. Able to make use of appropriate technology in PT profession i.e. in treatment and rehabilitation of patients
5. Possesses interest in continuing personal education
6. Demonstrates gook pedagogical skills, including skills in theoretical and clinical teaching and compilation of teaching material
7. Is very good in theory and in clinical skill of PT
8. Possesses a thorough knowledge of the curriculum
9. Is able to evaluate the effectiveness of his/her own teaching
10. Possesses a broad understanding of educational theory
11. Demonstrates ability to function in educational settings with minimal budget

12. The PT teacher to know well also general subjects (health and basic sciences)
13. Competently able to do administration and management
14. Is skilled in English language and so able to study reference materials
15. Competent in basic financial management in small educational setting

Physiotherapist:

Technical skills:

1. Ability to teach the patient/family
2. To be able to manage all the disease/disability where Physiotherapy is needed and appropriate in Afghanistan
3. To know when to refer the patients/clients forward
4. To possess the competence of knowing and understanding the fundamental principles of therapy (competence to choose the right evaluation and treatment methods and techniques)
5. Competence to choose and perform the appropriate evaluation and treatment methods.
6. To demonstrate good ergonomic in PT work.

Personal and Human competencies

1. Neutrality towards people
2. Competence and confidence to work independently
3. To have empathy towards patients/clients
4. To be able to explain and present Physiotherapy for public
5. Willing to be a learner
6. Self-initiator in learning
7. Willingness and ability to liase and cooperate with other health personnel and work in a team.
8. To possess a holistic and good attitude towards clients
9. To possess a good professional conduct
10. Flexibility and adaptability in terms of work settings
11. To portray an accurate and positive and professional identity

Planning and organizational skills

1. Ability to maintain good and up to date medical records
2. Ability to keep good statistics
3. Ability to prioritize work and patient management
4. Ability to plan and set goals
5. Ability to set up office and PT department

Leadership and Communication Skills

1. Set example
2. Good communicator
3. Consultative approach to colleagues
4. Ability to speak / write Pashtu and Dari

Physiotherapy Assistant

Technical Skills

1. Ability to teach the client and the family limited skills (as compared to PT)
2. To manage the most common disease / disability in Afghanistan
3. Willingness and ability to follow the treatment plan given by a PT when necessary
4. Should understand the effect of the treatment methods
5. To possess basic competence in knowledge and understanding of the fundamental principle of therapy.
6. To have basic competence in choosing and performing the appropriate evaluation and treatment methods.

Personal and Human Competencies

1. Ability to work within the limits of the their skills and to know when to refer
2. To be able to work alone and independently/with minimal support
3. Neutrality towards people
4. To have empathy towards patients/clients
5. Willing to be a learner
6. Self-initiator in learning
7. Willingness and ability to liaise and cooperate with other personnel
8. To possess a holistic and good attitude towards clients
9. To possess a good professional conduct
10. Flexibility and adaptability in terms of work settings
11. To portray an accurate, positive and professional identity.

Planning and organizational skills

- Ability to keep good and up to date medical records
- Ability to keep good statistics
- Ability to prioritize work
- Ability to set goals
- Set example
- Good communicator
- Consultative approach to colleagues

3. Recruitment of Students

1. Disability aspect
2. Employment aspect
3. Gender aspect (recruiting female students)
4. Coordinating recruitment according to service delivery needs (regional surveying, recruiting, supporting rehabilitation activities)
5. Criteria for selection:
    - Salary levels
    - Cooperate and understand each other's staffing needs (agreed)

1. Disability Aspect:

- The entry requirements are the same for disabled and able-bodied.
- Recruited at the decision of the training organization.
- Physically fit to do the work and mentally fit to study
- Priority to be given to disabled persons (facilities need to be provided according to the needs of the disabled person)

2 Employment Aspect

Employment capacity of the organizations should be estimated according to the following factors:

- Who employs PT personnel?
- What are employment needs in the country and each agency?
- How many can the Government employ?
- How many can the NGOs employ?
- Private hospitals?
- Private practice?
- Negotiation with the government (MOPH hospitals)
- NGOs PT personnel/ employment needs with the next two years.
- NGOs to find out PT employment opportunities in private hospitals. The task is to be taken up in the South by HI and Guardians, in Kabul by SGAA, in East by SGAA, in the West by IAM, and in the North by CDAP.
- Wahdatyar and Habib in one group and Mariam and Muriel in another, will find out about the private practice opportunities.
    - PT personnel needed (PT, PTA)
    - Numbers needed
    - Location
    - Organization
- The PT Association to have public awareness of PT profession and services high on priority list.
- PT Association to decide the target group of awareness (public, medical personnel)

Criteria for Selection of Recruits:

The group agreed that the following two factors to be considered during recruitment:

- Seek to recruit PT personnel from areas of urgent service need.
- They should return to work in their own area.

Gender Aspect

1. Should we and if so how recruit female students with less than 12 years of education?
2. How to reach, inform, recruit, and advertise for female students?

In this regard the group concluded that:

a. We train PTs to be recognized. In special circumstances in order to be able to find female students, the training organization may recruit female students with less than 12^{th} grade education. In such cases MoPH should be requested to recognize them.
b. The group members will bring existing entry exams for discussion and possible modification.
c. Suggestions about job advertisement for females should be brought to the next workshop.

4. Statistics

The group agreed that a unified reporting format is needed for collating statistics. However a unified reporting format posed the following practical problems:

- NGOs report to different bodies and in different ways.
- The information in the reports is needed for a variety of purposes and therefore difficult to be gathered in a uniform pattern.
- Who should compile?
- Who should be the users?
- Epidemiological survey needs?
- How to incorporate both disease and disability statistics?

Conclusions:

- Study CDAP's reporting format , aim at a common format in the next workshop

- Well implemented surveys are valuable and NGOs should be encouraged to take them up.
- Each agency to bring its statistical formats to the next workshop.

5. Geographical Distribution of Services

It was decided that the group will fully discuss this topic in the next meeting and will come with some needed information for final decision . The following points will be discussed in the next meeting:

- Student selection
- Needs analysis
- Referral mechanism
- Coordination/duplication
- Sustainability
- Philosophy of work
- Employment opportunities
- Urban-rural needs
- Supporting home based activities
- How to inform the clients of the existing services

Preparation for the next meeting:

- A detailed presentation by each agency on a map of Afghanistan of present work and planned expansion.
- Recruitment needs of each agency
- Explain the strategy of each agency
- Philosophy of work (sustainability) in your organization

PT Group Next Meeting

Venue : Kabul
Organiser : Heri lami, IAM
Date : 24-25 August 1998

Agenda

1. Student recruitment:
   employment opportunities (MoPH, NGOs, private hospitals, private practice)

2. Statistics Mechanism:
   Feedback on CDAP forms.
   Presentation of other forms
   Presentation by HI on local survey

Discussion on disease/disability
Epidemiological surveys

3. <u>Geographical Distribution of Services:</u>
Map presentation
Tables (if other than given so far)
Strategy for expansion
Philosophy of work
Needs

It was agreed that the PT Curriculum Development Committee would convene to agree on the evaluation of the curriculum and report back to the workshop.

***

Participants

Physiotherapy Group

1. Mir Aqa	KJRC
2. Dr. Alam Khan Hamdard	MoPH/IIME
3. Hayatullah Wahdat	CDAP
4. Babara Jennings	SGAA
5. Paddie Chanmugem	SGAA
6. Jody Thorn	IAM
7. Kim Lawrence	IAM
1. Harri Lammi	IAM
2. Muriel Gevaerts	HI/GUARDIANS
3. Abord-Hogon	HI/ GUARDIANS
4. Zareen Khan	GUARDIANS
5. Wahdatyar	CDAP
6. Habiburahman Habib	PSK
7. A. Malik	CDAP/SCA/ Wardak
8. Kh. Shalizi	IMME
9. Atta Mohammad	Centre for Paraplegia, Kabul
10. Dr. M. Haidar	Centre for Paraplegia, Kabul
11. Peter Coleridge	CDAP

Introduction

The Second Coordination Meeting on physiotherapy and orthopedic services in Afghanistan was held at the offices of IAM in Kabul, May 4-5 1998. The meeting was a follow-up to the First Coordination Meeting (Second National Disability Workshop on Physiotherapy and Orthopedics) held in Peshawar February 16-18, 1998 and was part of the current series of national disability workshops organized by CDAP and ACBAR.

The main objective behind the series of these National Workshops is to build our capacity in the related fields, use each other's facilities and experience and promote mutual coordination for providing more effective and needs-oriented services.

Objectives:
To have a mechanism for the achievement of the following goals in orthopaedic and physiotherapy fields:

- Teacher training (Personnel Training and Development)
- National Recognition
- Statistics
- Geographical Coverage and Coordination

Orthopaedic group

1.	Farooq Wardak	CDAP
2.	Didier Cooreman	HI
3.	Najeebullah Waziri	IIME
4.	Najeebullah Rahguzar	CDAP
5.	Les Uohnstone	ICRC
6.	Alberto Cairo	ICRC/KRC
7.	Sayed Nabi	KJRC
8.	Mohammad Aman	SGAA
9.	Leon Vander-Molen	SGAA
10.	Said Alham	GUARDIANS
11.	Noorul Huda	SCA
12.	Kh. Shalizi	IIME
13.	Peter Coleridge	CDAP

Programme

The programme for the two day meeting was as follows:

<u>Day One</u> <u>Monday, May 4</u>

Morning Plenary discussion on:

1. Personnel Training and Development
2. National Recognition
3. Statistics
4. Geographical Coverage and Coordination

Afternoon Group work:

- Physiotherapy
- Orthopedics

Both groups organized their proceedings in accordance with the agenda given above.

<u>Day Two</u> <u>Tuesday, May 5</u>

Morning Group work:

Physiotherapy and Orthopedics on the same topics of Day-One.

Afternoon Plenary Report back from groups on their achievements;
Where do we go from here?
Next meeting

Summary of Main Decisions

A. National recognition

It was agreed that recognition for qualifications needs to be accorded by the Ministry of Higher Education, and recognition for the two professions as professions in their own right (separate from, for example, nursing) needs to be accorded by the Ministry of Health. A sub-committee was formed to pursue the matter of recognition with both ministries. Both groups of Orthopaedic and Physiotherapy will submit final versions of the curriculums of their sections to the designated committee:

Members of the committee are:

- Dr Hamdard, IIME
- Harri Lammi, IAM
- Alberto Cairo, ICRC
- Leon Vander-Molen. SGAA

National professional associations

Physiotherapy

A professional association has recently been formed. The workshop expressed satisfaction with this development, gave it its full support, and urged it to deal with the question of regional representation.

Orthopedics

No professional association yet exists. The workshop endorsed the idea of an association but emphasized that (a) it must be an indigenous Afghan initiative, and (b) will emerge naturally when the profession gains proper recognition and is more established.

B. Teacher training

Physiotherapy:

IAM to take overall responsibility for training teachers of physiotherapy, assisted by SGAA and ICRC on specific clinical topics. IAM has prepared a general curriculum for the training of teachers of all para-medical professions. This curriculum was approved with minor modifications.

Orthopedics:

It was agreed that none of the orthopedic workshops is yet at the stage where they can train teachers. The first stage is to upgrade the present Senior Technicians to the point where they could qualify for entry to a teacher training course. This is likely to take at least nine months. It was recognized that establishing a central

teacher training school is not within the capacities of NGOs in Afghanistan at the present time. It was also recognized that taking senior technicians out of a functioning workshop posed great problems for continuity of production. It was accordingly agreed to postpone the discussion on creating a teacher training capacity on orthopedic technology for nine months. In the mean time efforts will be made to build capacity in all different levels of the Orthopaedic technology, so that in future if some people are moved from their jobs for training, their absence should not create a vacuum.

Technicians :
The curriculum for regular training and upgrading of technicians in orthopedic technology will be given final shape by the ortho team.

C. Statistics

The topic was discussed jointly in plenary as well as in separate group work by both physio and ortho groups. Generally it was stressed that statistics are needed for more effective and realistic planning , on-time feedback , monitoring and evaluation of the projects. The general consensus among the participants was that efforts should be made towards a unified and more standardized reporting format, so that all the relevant data can be summarized in one common report. The common report can then help in assessment of national needs and progress in the fields.

Orthopedic Group:

The group agreed that every agency would send a copy of their reporting formats to CDAP for development of a common and unified reporting format. CDAP, after studying and analyzing the formats, will report its finding to the next coordination meeting.

Physiotherapy Group:

It was decided that agencies will bring copies of their reporting formats to the next Physiotherapy coordination meeting/workshop, which will be held on 24 - 25 August 1998 in Kabul.

D. Geographical coverage of services

Physiotherapy:

The group stressed the importance of practical coordination in service delivery , due to the following two reasons:

a. To make an optimum and effective use of the available resources ; and

b. To cover as much as possible geographical locations, where people are in need of the services.

To achieve these objectives it was decided that the following issues should be addressed under a coordinated and joint approach:

1. Present service capacity of each agency, strength and location-wise.
2. Future service expansion or reduction plans of agencies.
3. National need analysis(urban and rural) in all geographical locations.
4. Mechanism for referral.
5. Avoidance of duplication.
6. Student selection to be according to the employment opportunities and needs.
7. Home-based clinics to be supported.
8. Agencies should know each others philosophy and strategy of work and action.

To devise a clear action-guide on ***geographical coordination for service delivery***, it was decide that all agencies should bring information on the above points to the next workshop.

Orthopaedic

It was agreed that there should be coordination aimed to: increase coverage , avoid duplication, supply of components within the region and unified training curriculum. It was agreed that coordination needs to be organic not artificial. There must be willingness for it among the agencies and it can not be imposed .

Group Discussion

Orthopedics Group

Agenda:

1. Curriculum
2. Entry Qualification
3. Female Staff
4. Statistics
5. Geographical Coordination

Major Decisions and Consensus

1. Curriculum:

A. Regular Training

- The curriculum includes upper limb and lower limb prostheses and orthoses and trunk orthoses.
- ICRC condensed the SGAA four-year curriculum in to three years.
- Contents of SGAA and ICRC curriculum are similar.
- Three-year curriculum of ICRC was approved by the group.
- Islamic studies of one period of 45 minutes to be added to the curriculum.
- During three years of training trainees will be called orthopedic trainees.
- Upon completion of three year training they should pass standard examination.
- Those who pass the examination successfully will be called orthopedic technicians.

B. Upgrading:

- Technicians presently in work, with good practical knowledge, more than four years of work experience but limited formal training.
- Having basic education of 9-12th grades.
- To be trained as full orthopedic technicians for one year (420 hours) theoretical curriculum.
- Bench workers are not included in this category.
- ICRC curriculum for this upgrading also approved by the group.
- Islamic studies of one period of 45 minutes to be included daily.
- Assessment for selection of trainees for such upgrading will be the responsibility of agency concerned.

2. Entry Qualification:

For Regular Training:

- First priority for those already in work with less than four years of experience.
- New people can also be recruited if needed
- 12th grade basic education is compulsory for new recruits.
- In case a candidate is not graduate of 12th grade, but has experience , he/she should undergo a level examination to obtain the bachelor degree .

For Upgrading Training

- Four-year and above work experience as technician.
- 12th grade basic education.
- Level examination alternatively.

3. Female Staff

- Agreed on need for female staff.
- No clear government policy.
- Concerned agency should consult the relevant authorities
- Separate arrangements for males and females trainees.

Decisions of Orthopaedic Sub-meeting on Curriculum
18 - 19 May Peshawar

During two days meeting 18 and 19 May, 1998 with ICRC, SGAA and HI in CDAP main office in Peshawar, the following issues were discussed:

- Review of National Curricula for Orthopaedics.
- Preparation of teaching materials for Orthopaedic courses.
- Revision of the duration of training courses.

1. The three year curriculum of orthopedic technology was reviewed and the necessary corrections were made.
2. Preparation of teaching materials discussed and responsibilities were shared as follows:

- Teaching materials on prostheses	***ICRC***
- Teaching materials on lower limb orthoses	***SGAA***
- Teaching materials on trunk orthoses	***HI***
- Teaching materials on Upper limb orthoses	***CDAP***

The materials will be provided in Dari and Pashto by the end of August and the group will meet in September once again to review the provided materials in Peshawar.

3. Revision of the duration of training courses :

3.1: The group agreed that the duration of the upgrading course for the technicians will be two years and technicians will get a certificate in one of the specialties, either orthotics or prosthetics. The technicians who have four or years experience, will attend the same class in the first and second years, which are allocated to those with less than four years experience also. At the end of the second year those in the first categories (i.e. technicians with four or more than four years experience) will get certificate. Those with less than four years experience will complete one more year practical work under supervision and will get a certificates at the end of the third year. Both categories of the graduates will be awarded certificates in only one specialty, prosthetic or orthotic.

3.2 Those wishing to get a certificate in the second specialty also, will be required to attend the class only in the specific speciality in the second year of teaching. All categories will be requested to pass an exam according to the standard of ISPO.

Working Group

Didier Cooreman	HI	Kandahar	
Mohammad Aman	SGAA	Jalalabad	
Rahul Shanker	ICRC	Jalalabad	
Leslie Johnstone	ICRC	Herat	
Alberto Cairo	ICRC	Kabul	
Harri Lammi	IAM	Kabul	(For information)
Hafiz Yaqobi	Guardian	Kandahar	

4. Statistics

- The group agreed on the importance of statistics .
- Presently the reporting formats vary from agency to agency.
- ICRC and SGAA can not change their activities as result of obtaining good statistics.
- CDAP needs reliable statistics in order to coordinate services.
- A national survey not possible and not desirable at this stage.
- CDAP can coordinate collation and compilation of data of all agencies and give feedback to the agencies interested.

5. Geographical Coordination

The purposes of geographical coordination of Orthopaedic services were listed as below:

- Avoid duplication.
- Increase coverage.
- Improve quality of services.
- Supply of components within the region.
- Use of technology.
- Training of staff according to approved curriculum.
- Provision of good components will improve quality.
- It was agreed that coordination needs to be organic not artificial. There must be willingness for it among the agencies and it can not be imposed .

List of Ortho Workshops in the country

CDAP	Taloqan	
ICRC	Mazar	
CDAP	Mazar	North
WHO	Faizabad	
ICRC	Kabul	
SGAA	Kabul	
IIME	Kabul	Center
CDAP	Ghazni	
Guardians/HI	Kandahar	
ICRC	Heart	South
ICRC	Jalalabad	
SGAA	Jalalabad	East
KJRC	Khost	

The total number of Prostheses produced in Afghanistan per month is about 770. This however, does not include the production of IIME workshop in Kabul as it uses Polyester Resin technology, and CDAP/SCA workshop in Mazar as it is only Orthotics workshop. It is also to be mentioned that Faizabad has not yet started production.

The group reached the following conclusions:

- Stopping duplication completely is impossible but it must be controlled.

CDAP/ACBAR

Second

National Disability Workshop

Physiotherapy and Orthopaedic Technology

Second
Coordination Meeting

- *Personnel Training and Development*
- *National Recognition*
- *Statistics*
- *Geographical Coverage   Coordination*

Kabul, May 4-5, 1998